FOR OHF USE

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0038349

Facility Name: Heritage Manor-Bloomington

Address: 700 E. Walnut (Number) Bloomington (City) 61701 (Zip Code)

County: McLean

Telephone Number: (309) 827-8004 **Fax #** ( )

IDPA ID Number: 370909086003

Date of Initial License for Current Owners: 1963

Type of Ownership:

	VOLUNTARY,NON-PROFIT	xx	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		xx	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: CRAIG L. ATER **Telephone Number:** ( )

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/01/2002 to 12/31/2002 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)

(Type or Print Name) CRAIG L. ATER

(Title) Senior Vice President -- Finance

Paid Preparer

(Signed) _____ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) (309)823-7135 Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	111	Skilled (SNF)	111	40,515	1
2		Skilled Pediatric (SNF/PED)			2
3	0	Intermediate (ICF)	0	0	3
4		Intermediate/DD			4
5	0	Sheltered Care (SC)	0	0	5
6		ICF/DD 16 or Less			6
7	111	TOTALS	111	40,515	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	19,771	12,631	2,293	34,695	8
9	SNF/PED			0		9
10	ICF					10
11	ICF/DD					11
12	SC	0	0	0		12
13	DD 16 OR LESS					13
14	TOTALS	19,771	12,631	2,293	34,695	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.63%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [XX]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [XX]

I. On what date did you start providing long term care at this location?
Date started 1963

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date 1963 NO [xx]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [xx] If YES, enter number of beds certified _____ and days of care provided 2,293

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [XX] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [XX] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	A. General Services											
1	Dietary	225,079	20,900		245,979		245,979	3,803	249,782			1
2	Food Purchase		151,029		151,029		151,029		151,029			2
3	Housekeeping	70,411	17,318		87,729		87,729		87,729			3
4	Laundry	54,055	15,647		69,702		69,702		69,702			4
5	Heat and Other Utilities			92,954	92,954		92,954	1,183	94,137			5
6	Maintenance	107,163	42,561	39,664	189,388		189,388	10,235	199,623			6
7	Other (specify):*											7
8	**TOTAL General Services**	456,708	247,455	132,618	836,781		836,781	15,221	852,002			8
	B. Health Care and Programs											
9	Medical Director			13,000	13,000		13,000		13,000			9
10	Nursing and Medical Records	1,506,772	93,212	12,273	1,612,257		1,612,257		1,612,257			10
10a	Therapy		251,558	165,362	416,920	(400,327)	16,593	127,711	144,304			10a
11	Activities	44,895	1,814		46,709		46,709		46,709			11
12	Social Services	35,038	14	4,038	39,090		39,090		39,090			12
13	Nurse Aide Training	17,060	1,279		18,339		18,339	2,114	20,453			13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,603,765	347,877	194,673	2,146,315	(400,327)	1,745,988	129,825	1,875,813			16
	C. General Administration											
17	Administrative	62,420			62,420		62,420	98,291	160,711			17
18	Directors Fees							5,217	5,217			18
19	Professional Services			276,427	276,427		276,427	(266,605)	9,822			19
20	Dues, Fees, Subscriptions & Promotions			84,399	84,399	(60,773)	23,626	(7,922)	15,704			20
21	Clerical & General Office Expenses	107,464	9,790	14,669	131,923		131,923	206,744	338,667			21
22	Employee Benefits & Payroll Taxes			428,846	428,846		428,846	27,034	455,880			22
23	Inservice Training & Education			823	823		823	849	1,672			23
24	Travel and Seminar			3,548	3,548		3,548	(1,549)	1,999			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			42,917	42,917		42,917	1,991	44,908			26
27	Other (specify):*			54,146	54,146		54,146	(54,021)	125			27
28	**TOTAL General Administration**	169,884	9,790	905,775	1,085,449	(60,773)	1,024,676	10,029	1,034,705			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,230,357	605,122	1,233,066	4,068,545	(461,100)	3,607,445	155,075	3,762,520			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Heritage Manor-Bloomington #0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			186,381	186,381		186,381	8,567	194,948			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			109,053	109,053		109,053	29	109,082			32
33	Real Estate Taxes			70,112	70,112		70,112		70,112			33
34	Rent-Facility & Grounds							1,599	1,599			34
35	Rent-Equipment & Vehicles			2,669	2,669		2,669	14,056	16,725			35
36	Other (specify):*											36
37	**TOTAL Ownership**			368,215	368,215		368,215	24,251	392,466			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers					400,327	400,327		400,327			39
40	Barber and Beauty Shops			15,237	15,237		15,237		15,237			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee					60,773	60,773		60,773			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			15,237	15,237	461,100	476,337		476,337			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,230,357	605,122	1,616,518	4,451,997		4,451,997	179,326	4,631,323			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(698)	35		5
6	Rented Facility Space	(5,860)	34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(1,146)	30		9
10	Interest and Other Investment Income	(215)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		2		13
14	Non-Care Related Interest		32		14
15	Non-Care Related Owner's Transactions		33		15
16	Personal Expenses (Including Transportation)		24		16
17	Non-Care Related Fees	(572)	20		17
18	Fines and Penalties				18
19	Entertainment	(8,155)	24		19
20	Contributions	(70)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,488)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(53,951)	27		24
25	Fund Raising, Advertising and Promotional	(11,395)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Real estate taxes		33		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (84,550)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	263,876		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 263,876		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 179,326		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS

Heritage Manor-Bloomington

ID# **0038349**

Report Period Beginning: **1/01/2002**

Ending: **12/31/2002**

	NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		$	0	0	1
2			0	0	2
3			0	0	3
4			0	0	4
5			(698)	35	5
6			(5,860)	34	6
7			0		7
8			0		8
9			(1,146)	30	9
10				32	10
11			0		11
12			0		12
13			0	2	13
14			0	32	14
15			0	33	15
16			0	24	16
17			(572)	20	17
18			0		18
19				24	19
20			(70)	27	20
21			0		21
22			(2,488)	19	22
23			0		23
24			(53,951)	27	24
25			(11,395)	20	25
26			0	0	26
27			0	0	27
28			0	0	28
29			0	0	29
30			0	0	30
31			0	0	31
32					32
33			0	33	33
34					34
35					35
36					36
37					37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49	**Total**		(76,180)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Heritage Manor-Bloomington **#** 0038349 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	3,803	0	0	0	0	0	0	0	0	3,803	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	1,183	0	0	0	0	0	0	0	0	1,183	5
6	Maintenance	0	0	10,235	0	0	0	0	0	0	0	0	10,235	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	15,221	0	0	0	0	0	0	0	0	15,221	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	127,711	0	0	0	0	0	0	0	0	0	127,711	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	2,114	0	0	0	0	0	0	0	0	2,114	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	127,711	2,114	0	0	0	0	0	0	0	0	129,825	16
	C. General Administration													
17	Administrative	0	0	98,291	0	0	0	0	0	0	0	0	98,291	17
18	Directors Fees	0	0	5,217	0	0	0	0	0	0	0	0	5,217	18
19	Professional Services	(2,488)	(273,939)	9,822	0	0	0	0	0	0	0	0	(266,605)	19
20	Fees, Subscriptions & Promotions	(11,967)	0	4,045	0	0	0	0	0	0	0	0	(7,922)	20
21	Clerical & General Office Expenses	0	0	206,744	0	0	0	0	0	0	0	0	206,744	21
22	Employee Benefits & Payroll Taxes	0	0	27,034	0	0	0	0	0	0	0	0	27,034	22
23	Inservice Training & Education	0	0	849	0	0	0	0	0	0	0	0	849	23
24	Travel and Seminar	(8,155)	0	6,606	0	0	0	0	0	0	0	0	(1,549)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,991	0	0	0	0	0	0	0	0	1,991	26
27	Other (specify):*	(54,021)	0	0	0	0	0	0	0	0	0	0	(54,021)	27
28	**TOTAL General Administration**	(76,631)	(273,939)	360,599	0	0	0	0	0	0	0	0	10,029	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(76,631)	(146,228)	377,934	0	0	0	0	0	0	0	0	155,075	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(1,146)	0	0	9,713	0	0	0	0	0	0	0	8,567	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(215)	0	0	244	0	0	0	0	0	0	0	29	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(5,860)	0	0	7,459	0	0	0	0	0	0	0	1,599	34
35	Rent-Equipment & Vehicles	(698)	0	0	14,754	0	0	0	0	0	0	0	14,056	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(7,919)	0	0	32,170	0	0	0	0	0	0	0	24,251	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(84,550)	(146,228)	377,934	32,170	0	0	0	0	0	0	0	179,326	45

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V	10a	Adjustment for Related Organization	160,580	GreenTree Therapy	100.00%	144,137	(16,443)	2
3	V								3
4	V	19	Adjustment for Related Organization	273,939	Heritage Enterprises, Inc.	100.00%		(273,939)	4
5	V								5
6	V	10a	Adjustment for Related Organization	253,918	GreenTree Pharmacy	100.00%	398,072	144,154	6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 688,437			$ 542,209	$ * (146,228)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary	$	Heritage Enterprises, Inc.	100.00%	$ 3,803	$ 3,803	15
16	V	2	Food Purchase				0		16
17	V	3	Housekeeping				0		17
18	V	4	Laundry				0		18
19	V	5	Heat & Other Utilities				1,183	1,183	19
20	V	6	Maintenance				10,235	10,235	20
21	V	7	Other				0		21
22	V	9	Medical Director				0		22
23	V	10	Nursing & Medical Records				0		23
24	V	11	Activities				0		24
25	V	12	Social Service				0		25
26	V	13	Nurse Aide Training				2,114	2,114	26
27	V	14	Program Transportation				0		27
28	V	15	Other				0		28
29	V	17	Administrative				98,291	98,291	29
30	V	18	Directors Fees				5,217	5,217	30
31	V	19	Professional Services				9,822	9,822	31
32	V	20	Fees, Subscription, Promotions				4,045	4,045	32
33	V	21	Clerical & General Office Expenses				206,744	206,744	33
34	V	22	Employee Benefits & Payroll Taxes				27,034	27,034	34
35	V	23	Inservice Training & Education				849	849	35
36	V	24	Travel and Seminar				6,606	6,606	36
37	V	25	Other Admin. Staff Transportation				0		37
38	V	26	Insurance-Prop.Liab.Malpract				1,991	1,991	38
39	Total			$			$ 377,934	$ * 377,934	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	27	Other	$	Heritage Enterprises, Inc.	100.00%	$ 0	$	15
16	V	30	Depreciation				9,713	9,713	16
17	V	31	Amortization of Pre-Op & Org				0		17
18	V	32	Interest				244	244	18
19	V	33	Real Estate Taxes				0		19
20	V	34	Rent-Facility & Grounds				7,459	7,459	20
21	V	35	Rent-Equipment & Vehicles				14,754	14,754	21
22	V	36	Other				0		22
23	V	38	Medically Nec Transportation				0		23
24	V	39	Ancillary Service Centers				0		24
25	V	40	Barber and Beauty Shops				0		25
26	V	41	Coffee and Gift Shops				0		26
27	V	42	Other				0		27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 32,170	$ * 32,170	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week Hours	Percent	Compensation Included in Costs for this Reporting Period** Description	Amount	Schedule V. Line & Column Reference	
1	Bill Froelich	Chairman of Board	Management	26.00	397,396	5	100.00	Director/Salary	$ 18,371	line 17/18, col	1
2	Tom Jefferson	Asst Secretary/Treas	Management	10.00	390,860	5	100.00	Director/Salary	18,070	line 17/18, col	2
3	Craig Hart	Secretary/Treasurer	Management	20.00	343,058	10	100.00	Director/Salary	15,859	line 17/18, col	3
4	Joe Warner	President	Management	2.50	370,366	40	100.00	Director/Salary	17,123	line 17/18, col	4
5	Bob Dickson	Executive Vice Presid	Management	0.80	92,266	40	100.00	Salary	4,266	line 17, col 7	5
6	Cheryl Lowney	Executive Vice Presid	Management	0.30	186,564	50	100.00	Director/Salary	8,625	line 17/18, col	6
7	Steve Wannemacher	Executive Vice Presid	Management	0.30	175,068	50	100.00	Director/Salary	8,094	line 17/18, col	7
8	Connie Hoselton	Sr Vice President	Management	0.17	140,191	40	100.00	Salary	6,481	line 17, col 7	8
9	Craig Ater	Sr Vice President	Management	0.21	143,176	50	100.00	Salary	6,619	line 17, col 7	9
10											10
11											11
12											12
13								TOTAL	$ 103,508		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 2/31/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [xx]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Beds	2,401	24	$ 82,266	$ 82,266	111	$ 3,803	1
2	2	Food Purchase	Beds	2,401	24	0	0	111	0	2
3	3	Housekeeping	Beds	2,401	24	0	0	111	0	3
4	4	Laundry	Beds	2,401	24	0	0	111	0	4
5	5	Heat & Other Utilities	Beds	2,401	24	25,593	0	111	1,183	5
6	6	Maintenance	Beds	2,401	24	221,381	58,785	111	10,235	6
7	7	Other	Beds	2,401	24	0	0	111	0	7
8	9	Medical Director	Beds	2,401	24	0	0	111	0	8
9	10	Nursing & Medical Records	Beds	2,401	24	0	0	111	0	9
10	11	Activities	Beds	2,401	24	0	0	111	0	10
11	12	Social Service	Beds	2,401	24	0	0	111	0	11
12	13	Nurse Aide Training	Beds	2,401	24	45,737	39,267	111	2,114	12
13	14	Program Transportation	Beds	2,401	24	0	0	111	0	13
14	15	Other	Beds	2,401	24	0	0	111	0	14
15	17	Administrative	Beds	2,401	24	2,126,096	2,126,096	111	98,291	15
16	18	Directors Fees	Beds	2,401	24	112,849	0	111	5,217	16
17	19	Professional Services	Beds	2,401	24	212,454	0	111	9,822	17
18	20	Fees, Subscription, Promotions	Beds	2,401	24	87,500	0	111	4,045	18
19	21	Clerical & General Office Expens	Beds	2,401	24	4,472,002	4,183,145	111	206,744	19
20	22	Employee Benefits & Payroll Taxe	Beds	2,401	24	584,769	0	111	27,034	20
21	23	Inservice Training & Education	Beds	2,401	24	18,362	0	111	849	21
22	24	Travel and Seminar	Beds	2,401	24	142,902	0	111	6,606	22
23	25	Other Admin. Staff Transportatio	Beds	2,401	24	0	0	111	0	23
24	26	Insurance-Prop.Liab.Malpract	Beds	2,401	24	43,070	0	111	1,991	24
25	TOTALS					$ 8,174,981	$ 6,489,559		$ 377,934	25

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 2/31/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	27	Other	Beds	2,401	24	$	$	111	$	1
2	30	Depreciation	Beds	2,401	24	210,090		111	9,713	2
3	31	Amortization of Pre-Op & Org	Beds	2,401	24			111		3
4	32	Interest	Beds	2,401	24	5,270		111	244	4
5	33	Real Estate Taxes	Beds	2,401	24			111		5
6	34	Rent-Facility & Grounds	Beds	2,401	24	161,349		111	7,459	6
7	35	Rent-Equipment & Vehicles	Beds	2,401	24	319,142		111	14,754	7
8	36	Other	Beds	2,401	24			111		8
9	38	Medically Nec Transportation	Beds	2,401	24			111		9
10	39	Ancillary Service Centers	Beds	2,401	24			111		10
11	40	Barber and Beauty Shops	Beds	2,401	24			111		11
12	41	Coffee and Gift Shops	Beds	2,401	24			111		12
13	42	Other	Beds	2,401	24			111		13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 695,851	$		$ 32,170	25

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	LsSalle National Bank		xx	Mortgage	4640 plus Int	01/15/99	$ 2,433,749	$ 2,087,376	01/15/06	variable	$ 84,505	1
2	LsSalle National Bank		xx	Mortgage							5,534	2
3												3
4												4
5												5
	Working Capital											
6	Central Office Allocation		xx	Working Capital							19,014	6
7	Central Office Allocation		xx	Working Capital							244	7
8												8
9	TOTAL Facility Related						$ 2,433,749	$ 2,087,376			$ 109,297	9
	B. Non-Facility Related*											
10	Interest Income										(215)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (215)	14
15	TOTALS (line 9+line14)						$ 2,433,749	$ 2,087,376			$ 109,082	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **Line #** _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	62,977	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	64,921	2
3. Under or (over) accrual (line 2 minus line 1).	$	1,944	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)	$	68,168	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	70,112	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	1997	8
	1998	9
	1999	10
	2000	11
	2001	12

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Heritage Manor-Bloomington COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0038349

CONTACT PERSON REGARDING THIS REPORT Craig Ater

TELEPHONE (309)823-7135 FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	2104227008	Nursing Home	$ 64,177.00	$ 64,177.00
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 64,177.00	$ 64,177.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 33,800 B. General Construction Type: Exterior Brick/Wood Frame _____ Number of Stories _____

C. Does the Operating Entity? [xx] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [xx] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [xx] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Land			$ 116,576	1
2					2
3	TOTALS			$ 116,576	3

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	82		1963		$ 560,548	$		$	$	$	4
5	24		1966		221,147						5
6	5		1999								6
7											7
8											8
	Improvement Type**										
9	1978 Improvements			1978	14,607						9
10	1979 Improvements			1979	95,460						10
11	1980 Improvements			1980	75,591						11
12	1981 Improvements			1981	11,544						12
13	1982 Improvements			1982	9,256						13
14	1983 Improvements			1983	13,130						14
15	1984 Improvements			1984	7,215						15
16	1985 Improvements			1985	45,885						16
17	1986 Improvements			1986	13,469						17
18	1988 Improvements			1988	83,109						18
19	1989 Improvements			1989	2,439						19
20	1990 Improvements			1990	30,676						20
21	1991 Improvements			1991	4,207						21
22	1992 Improvements			1992	1,208						22
23	1993 Improvements			1993	97,303						23
24	1994 Improvements			1994	29,638						24
25	1995 Improvements			1995	121,304						25
26	BOILER			1996	17,850						26
27	EXHAUST HOOD			1996	1,075						27
28	CODE ALERT			1996	1,852						28
29	PHONE SYSTEM			1996	2,339						29
30	INTERIOR REMODEL			1996	103,103						30
31											31
32											32
33											33
34	C/O Allocation							9,713	9,713		34
35	Book Depreciation					109,546		109,292	(254)	1,471,557	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Interior Rehab--paint, wallpaper, remodel facility	1997	$ 211,945	$		$	$	$	37
38	Remodel Physical Therapy	1997	43,069						38
39	Disposal Unit--Kitchen	1997	1,439						39
40	Code Alert System	1997	1,997						40
41	Kitchen Remodel	1997	766						41
42									42
43	Code Alert/Nurse Call System	1998	3,654						43
44	Kitchen Remodel	1998	4,166						44
45	Remodel Physical Therapy	1998	1,813						45
46	Addition--Materials	1998	13,431						46
47	Addition--Professional Fees	1998	109,885						47
48									48
49	Addition--Materials	1999	1,155,066						49
50	Addition--Professional Fees	1999	22,035						50
51	Steam Table Hood	1999	3,821						51
52	ALTA Survey	1999	2,434						52
53	Dish Washing Area	1999	4,083						53
54	Sewage Pump	1999	2,492						54
55	Parking Lot Pavement	1999	6,743						55
56									56
57	Dayroom Light Fixtures	2000	6,189						57
58	Door Kickplates	2000	2,991						58
59	Storm windows	2000	4,011						59
60	Addition--Materials	2000	12,770						60
61	Addition--Professional Fees	2000	5,893						61
62	Roof Repair	2000	5,510						62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,190,158	$ 109,546		$ 119,005	$ 9,459	$ 1,471,557	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 3,190,158	$ 109,546		$ 119,005	$ 9,459	$ 1,471,557	1
2	Paging System	2001	2,456						2
3	Alarm Door/Lock	2001	1,950						3
4	Code Alert	2001	3,965						4
5	Electrical Wiring for A/C Unit	2001	1,805						5
6	Main Water Meter	2001	2,000						6
7	Valves Boiler Unit	2001	1,883						7
8									8
9	Smoke Detectors and Installation	2002	14,551						9
10	Mixing valve	2002	1,862						10
11	Main Corridor Rehab (Wallcovering)	2002	3,885						11
12	Floor Tile	2002	1,280						12
13	Kitchen	2002	957						13
14	Roof Repair	2002	5,283						14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 3,232,035	$ 109,546		$ 119,005	$ 9,459	$ 1,471,557	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 987,447	$ 76,835	$ 75,943	$ (892)		$ 830,390	71
72	Current Year Purchases	22,254						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 1,009,701	$ 76,835	$ 75,943	$ (892)		$ 830,390	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77										77
78										78
79										79
80	TOTALS			$	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,358,312	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 186,381	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 194,948	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 8,567	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,301,947	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 16,725 Description: pager, computer equipment
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? ☐ YES ☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- COMMUNITY COLLEGE ☐
- HOURS PER AIDE ____

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM ☐
- IN OTHER FACILITY ☐
- HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		1,279		1,279
3	Classroom Wages (a)		17,060		17,060
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$ 18,339	$	$ 18,339
10	SUM OF line 9, col. 1 and 2 (e)	$ 18,339			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10a/3	hrs	$		$ 57,092	$		$ 57,092	1
2	Licensed Speech and Language Development Therapist	10a/3	hrs			13,644			13,644	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a/3	hrs			73,401	167		73,568	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39/3	# of prescrpts				395,545		395,545	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): x-ray	39/3				4,782			4,782	13
14	TOTAL			$		$ 148,919	$ 395,712		$ 544,631	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2002 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 400	$	1
2	Cash-Patient Deposits	8,782		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	547,153		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,916		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	576,377		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,146,628	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	116,576		13
14	Buildings, at Historical Cost	3,174,112		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	980,462		16
17	Accumulated Depreciation (book methods)	(1,635,116)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deferred Tax Asset	16,602		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,652,636	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,799,264	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 104,461	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,782		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	196,262		30
31	Accrued Taxes Payable (excluding real estate taxes)	5,827		31
32	Accrued Real Estate Taxes(Sch.IX-B)	68,168		32
33	Accrued Interest Payable	5,160		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Security Deposits	15,318		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 403,978	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable	2,087,376		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 2,087,376	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,491,354	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,307,910	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,799,264	$	48

***(See instructions.)**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,335,985	1
2	Restatements (describe):		2
3	**Audit Adjustment**		3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,335,985	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(28,075)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (28,075)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,307,910	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,398,157	1
2	Discounts and Allowances for all Levels	(673,009)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,725,148	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	276,184	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 276,184	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	9,927	11
12	Gift and Coffee Shop	(640)	12
13	Barber and Beauty Care	20,914	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	5,860	16
17	Sale of Drugs	436,134	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	180	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 472,375	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	215	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 215	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 4,473,922	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	836,781	31
32	Health Care	2,146,315	32
33	General Administration	1,085,449	33
	B. Capital Expense		
34	Ownership	368,215	34
	C. Ancillary Expense		
35	Special Cost Centers	15,237	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37	Reserve for Contingency	50,000	37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,501,997	40
41	**Income before Income Taxes (line 30 minus line 40)****	(28,075)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (28,075)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,888	2,080	$ 47,372	$ 22.78	1
2	Assistant Director of Nursing	1,964	2,080	38,471	18.50	2
3	Registered Nurses	10,159	10,691	206,148	19.28	3
4	Licensed Practical Nurses	22,391	24,653	432,029	17.52	4
5	Nurse Aides & Orderlies	71,383	76,119	752,652	9.89	5
6	Nurse Aide Trainees	2,503	2,503	17,060	6.82	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,510	1,669	30,100	18.03	8
9	Activity Director					9
10	Activity Assistants	4,576	4,958	44,895	9.06	10
11	Social Service Workers	2,737	3,109	35,038	11.27	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	22,826	24,790	225,079	9.08	15
16	Dishwashers					16
17	Maintenance Workers	9,706	10,448	107,163	10.26	17
18	Housekeepers	8,474	9,011	70,411	7.81	18
19	Laundry	5,698	5,928	54,055	9.12	19
20	Administrator	2,080	2,080	62,420	30.01	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	7,862	8,781	107,464	12.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	175,757	188,900	$ 2,230,357 *	$ 11.81	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$ 0		35
36	Medical Director		13,000		36
37	Medical Records Consultant		910		37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,982		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant		4,038		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 20,930		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$ 0		50
51	Licensed Practical Nurses		0		51
52	Nurse Aides		0		52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Ben Hart	Administrator	0	$ 62,420
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 62,420

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Heritage Enterprises	Management Fees	$ 273,939
		0
		0
		0
Legal Fees (Adjusted to zero)		2,488
		0
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 276,427

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 56,580
Unemployment Compensation Insurance	13,110
FICA Taxes	170,622
Employee Health Insurance	174,701
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employee Hepatitis Vaccine	0
Employee Benefits -	13,833
Employee Benefits - central office	27,034
TOTAL (agree to Schedule V, line 22, col.8)	$ 455,880

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	3,892
Health Care Worker Background Check	
(Indicate # of checks performed 45)	459
Central Office Allocation	4,045
Promotional Advertising	6,044
Public Relations	5,351
Dues and Subscriptions	7,458
License and Fees	422
Less: Public Relations Expense	(5,351)
Non-allowable advertising	(572)
Yellow page advertising	(6,044)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,704

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
	940
	92
Seminar Expense	2,516
Non Allowable	(8,155)
Central Office Allocation	6,606
Entertainment Expense	( )
(agree to Sch. V,	
TOTAL line 24, col. 8)	$ 1,999

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Heritage Manor-Bloomington # 0038349 Report Period Beginning: 1/01/2002 Ending: 12/31/2002

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Heritage Manor-Bloomington **#** 0038349 **Report Period Beginning:** 1/01/2002 **Ending:** 12/31/2002

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **no**

(2) Are there any dues to nursing home associations included on the cost report? **yes**
If YES, give association name and amount. **Illinois Healthcare Association**

(3) Did the nursing home make political contributions or payments to a political action organization? **no** If YES, have these costs been properly adjusted out of the cost report? **yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **no** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **yes**
What was the average life used for new equipment added during this period? **7 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **5,000** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **no**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **xx** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **no** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **60,773**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **no** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **no** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **2,495**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **no**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **no** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100**
d. Have vehicle usage logs been maintained? **yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **yes**
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **yes**
Firm Name: **Sulaski & Webb** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **Not Complete as of this date**

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **yes**
Attach invoices and a summary of services for all architect and appraisal fees.

	2 IPA DISCOUNTS	673.009		0	0	0	0		3,411	3,411 MEDICARI	16,148	
	2 MEDICAID PART B DISCOUNT			0	0	0	0		3,420	3,420 MEDICARI	418,290	
	2 MEDICARE DISCOUNTS			0	0	0	0		3,500	3,520 RENT INCI	0	
36	ASSESSMENT TAX EXPENSE			42	3	0	0		3,520	3,525 CONTRIBU	-5,860	
16	RENT INCOME	-5,860		6	0	6	-5,860		3,530	3,530 BEAUTY S	-20,914	
13	BEAUTY SHOP	-20,914		0	0	0	0		3,560		940	
12	ACTIVITY FUND INCOME	940		0	0	0	0		3,570	3,570 VENDING	-300	
12	VENDING INCOME/EXPENSE	-300		0	0	0	0		3,590	3,590 EQUIPMEI	-16,293	
12	MANAGEMENT FEES			0	0	0	0		3,595	3,595 RESIDENT	-30	
	1 EQUIPMENT RENTAL	-16,293		0	0	0	0		3,600	3,600 MISC INCC	-150	
21	RESIDENT TRANSPORTATION	-30		0	0	0	0		4,110	4,110 G&A WAG	101,107	
21	MISC INCOME	-150		0	0	0	0		4,111	4,111 ADMINIST	62,420	
	GENERAL & ADMINIST WAGES	101,107	107,464	21	1	17	0		4,115	4,115 G&A PTO A	6,357	
	ADMINISTRATOR WAGES	62,420	62,420	17	1	0	0		4,120	4,120 EMPLOYE	15,058	
	VACATION & SICK - G&A	6,357		21	1	0	0		4,125			
	EMPLOYEE BENEFITS	14,670	428,846	22	3	0	0		4,130	4,130 EMPLOYE	2,190	
	EMPLOYEE HEPETITIS VACCIN	0		22	3	0	0		4,135	4,135 EMPLOYE	-3,027	
	EMPLOYEE SCHOLORSHIP WAI	2,190		21	1	0	0		4,250	4,250 OFFICE SU	7,976	
	EMPLOYEE SCHOLORSHIP COS	-3,027		23	3	0	0		4,255	4,255 POSTAGE	2,534	
	DIRECTORS FEES			18	3	0	0		4,260	4,260 TELEPHO?	14,669	
	OFFICE SUPPLIES	9,771	9,790	21	2	0	0		4,275	4,275 TRAINING	823	
	TELEPHONE	14,669	14,669	21	3	0	0		4,276	4,276 INJURY PR	492	
	TRAINING & EMPLOYEE DEVL	823	823	23	3	16	0		4,280	4,280 GENERAL	940	
	GENERAL TRAVEL	940	3,548	24	3	16	0		4,281	4,281 MEAL EXI	92	
	MEAL EXPENSE FOR TRAVEL	92		24	3	19	0		4,285	4,285 EDUCATIC	2,506	
	EDUCATION & SEMINAR	2,516		24	3	19	-8,155 ***		4,289	4,289 MEETING?	10	
	HELP WANTED ADVERTISING	3,892	84,399	20	3	0	0	-60,773	4,290	4,290 HELP WA?	3,892	
	PROMOTIONAL ADVERTISING	6,044		20	3	25	-6,044		4,291	4,291 PROMOTI	6,044	
	PUBLIC RELATIONS	5,351		20	3	25	-5,351		4,292	4,292 PUBLIC RI	5,351	
	LICENSES & FEES	61,195		20	3	17	0		4,300	4,300 LICENSE &	61,195	
	DUES & SUBSCRIPTIONS	7,458		20	3	17	-572		4,310	4,310 DUES & SI	7,458	
	CONTRIBUTIONS	70		27	3	20	-70		4,320	4,320 CONTRIBU	70	
	PROFESSIONAL FEES	2,488	276,427	19	3	22	-2,488		4,350	4,350 PROFESSI	2,488	
	MEDICAL DIRECTOR	13,000	13,000	9	3	0	0		4,355	4,355 MEDICAL	13,000	
	UTILIZATION REVIEW			10	3	0	0		4,362	4,362 MEDICAL	910	
	OTHER PHYSICIAN FEES			39	3	0	0		4,363	4,363 PHARMAC	2,982	
	MEDICAL RECORDS CONSULT	910		10	3	0	0		4,364	4,364 SOCIAL SI	4,038	
	PHARMACIST FEES	2,982		10	3	0	0		4,370	4,370 TV RENT A	1,225	
	SOC SERV/ACT CONSULT	4,038	4,038	12	3	0	0		4,383	4,383 BACKGRO	459	
	TV RENTAL	1,225		35	3	5	-698		4,390			
	INCOME TAXES		54,146	27	3	26	0		4,400	4,400 PAYROLL	177,253	
	BACKGROUND CHECKS	459		20	3	26	0		4,401	4,401 PAYROLL	6,479	
	PAYROLL TAXES	177,253		22	3	0	0		4,410	4,410 GROUP IN	174,701	
	PAYROLL TAXES ADMINIST	6,479		22	3	0	0		4,420	4,420 LIABILITY	42,917	
	GROUP INSURANCE	174,701		22	3	0	0		4,430	4,430 WORKMA	51,627	
	LIABILITY INSURANCE	42,917	42,917	26	3	0	0		4,435	4,435 W/C-FIRST	3,595	
	INSURANCE-OWNERS			22	3	21	0		4,436	4,436 DRUG TES	866	
	WORKMENS COMP INSURANCI	56,580		22	3	0	0		4,450	4,450 CENTRAL	273,939	
	CENTRAL OFFICE FEES	273,939		19	3	34	-273,939		4,460	4,460 BAD DEBT	53,951	
	BAD DEBTS	53,951		27	3	24	-53,951		4,461	4,461 BAD DEBT	1,876	
	LOST ITEMS-RESIDENTS	125		27	3	0			4,470	4,470 LOST ITEI	125	
	MISCELLANEOUS	0		27	3	0	0		4,475	4,475 UNIFORM	-388	
	REAL ESTATE TAXES	70,112	70,112	33	3	0	0		4,486	4,486 SERVICE C	5,733	
	LEASED EQUIPMENT	1,444	2,669	35	3	16	0		4,490	4,490 MISC EXPI	-1,430	
	MAINTENANCE SALARIES	98,861	107,163	6	1	0	0		4,496	4,496 MISC. M.I.	161	
	MAINTENANCE SICK & VAC	8,302		6	1	0	0		4,510	4,510 REAL EST.	70,112	
	ELECTRIC	46,920	92,954	5	3	0	0		4,600	4,600 LEASED E	1,444	
	NATURAL GAS	28,526		5	3	0	0		5,110	5,110 MAINTEN.	98,861	
	HEATING & DIESEL OIL			5	3	0	0		5,120	5,120 MAINTEN.	8,302	
	WATER & SEWER	17,508		5	3	0	0		5,130	5,130 ELECTRIC	46,920	
	TRASH COLLECTION	9,047	39,664	6	3	0	0		5,131	5,131 NATURAL	28,526	
	PROPERTY PLANT REPLACEMN	7,373	42,561	6	2	0	0		5,133	5,133 WATER &	17,508	
	GENERAL REPAIR & MAINT	35,188		6	2	0	0		5,134	5,134 TRASH CO	9,047	
	MAINTENANCE CONTRACTS	30,617		6	3	0	0		5,140	5,140 PROPERTY	7,373	
	DIETARY WAGES	211,212	225,079	1	1	0	0		5,160	5,160 GENERAL	35,188	
	DIETARY SICK & VAC	13,867		1	1	0	0		5,165	5,165 MAINTEN.	24,884	
	SALES TAX			2	3	13	0		5,210	5,210 DIETARY '	211,212	
	FOOD PURCHASES	153,524	151,029	2	2	0	0		5,220	5,220 DIETARY (	13,867	
	SUPPLIES-DISHWASHING	4,842	20,900	1	2	0	0		5,248	5,248 FOOD PUR	154,954	
	DIETARY REPLACEMENT	2,047		1	2	0	0		5,250	5,250 SUPPLIES	4,842	
	KITCHEN SUPPLIES-PAPER	14,011		1	2	0	0		5,260	5,260 REPLACEN	2,047	
	MEAL CREDIT	-2,495		2	2	0	0		5,270	5,270 KITCHEN	14,011	
	LAUNDRY WAGES	50,815	54,055	4	1	0	0		5,295	5,295 MEAL INC	-2,495	
	LAUNDRY SICK & VAC	3,240		4	1	0	0		5,310	5,310 LAUNDRY	50,815	
	LAUNDRY REPLACEMENT	9,496	15,647	4	2	0	0		5,340	5,340 LAUNDRY	3,240	
	LAUNDRY REIMBURSEMENT			4	3	0	0		5,370	5,370 REPLACEN	9,496	
	LAUNDRY SUPPLIES	6,151		4	2	0	0		5,380	5,380 OUTSIDE I	500	
	HOUSEKEEPING WAGES	66,971	70,411	3	1	0	0		5,390	5,390 SUPPLIES	5,651	
	HOUSEKEEPING SICK & VAC	3,440		3	1	0	0		5,410	5,410 HOUSEKE	66,971	
	HOUSEKEEPING SUPPLIES	3,054	17,318	3	2	0	0		5,440	5,440 HOUSEKE	3,440	
	HOUSEKEEPING SUPPLIES-PPR	12,264		3	2	0	0		5,480	5,480 SUPPLIES-	5,054	
	RN WAGES-MEDICARE		1,506,772	10	1	0	0		5,490	5,490 SUPPLIES-	12,264	
	RN WAGES-NON MEDICARE	192,318		10	1	0	0		6,020	6,020 RN WAGE	192,318	
	DON WAGES	47,372		10	1	0	0		6,030	6,030 DON WAG	47,372	
	ADON	38,471		10	1	0	0		6,035	6,035 ADON WA	38,471	
	RN SICK & VACATION	13,830		10	1	0	0		6,040	6,040 RN PTO &	13,830	
	LPN WAGES-MEDICARE			10	1	0	0		6,120	6,120 LPN WAGI	400,440	
	LPN WAGES-NON MEDICARE	400,440		10	1	0	0		6,140	6,140 LPN PTO &	31,589	
	LPN WAGES OTHER			10	1	0	0		6,220	6,220 AIDES WA	692,906	
	LPN SICK & VACATION	31,589		10	1	0	0		6,240	6,240 AIDES PTC	59,746	
	AIDE WAGES-MEDICARE			10	1	0	0		6,245			
	AIDE WAGES-NON MEDICARE	692,906		10	1	0	0		6,246			
	WARD CLERKS			10	1	0	0		6,247			
	AIDE VACATION & SICK	59,746		10	1	0	0		6,250	6,250 NURSE AII	17,060	
	CONTRACT NURSES-RN	0		10	3	0	0		6,255	6,255 NURSE AII	1,279	
	CONTRACT NURSES-LPN	0		10	3	0	0		6,260	6,260 NURSE AII	-9,927	
	CONTRACT NURSES-AIDES	0		10	3	0	0		6,270	6,270 REHAB W/	27,900	
	NURSE AIDE TRAINING WAGES	17,060	17,060	13	1	0	0		6,275	6,275 REHAB PT	2,280	
	NURSE AID TRAINING EXP	1,279	1,279	13	2	0	0		6,290	6,290 NURSING	85,349	
	NURSE AIDE TRAINING REIMB	-9,927		0	0	0	0		6,295	6,295 NURSING	3,778	
	REHAB WAGES	27,900		10	1	0	0		6,390	6,390 REPLACEN	4,085	
	REHAB SICK & VAC	2,200		10	1	0	0		6,490	6,490 OTHER	8,381	
	NURSING DEPT EDUCATION			23	3	0	0		7,280	7,280 DRUG PUR	94,996	
	NURSING SUPPLIES	85,349	93,212	10	2	0	0		7,281	7,281 DRUG PUR	156,395	
	NURSING SUPPLIES	3,778		10	2	0	0		7,380	7,380 LABORAT	4,752	
	REPLACEMENT-NURSING	4,085		10	2	0	0		7,391	7,390 X-RAY SEI	87	
	NURSING OTHER	8,381	12,273	10	3	0	0		7,393	7,393 OTHER A !	-57	
	DRUG PURCHASES	94,996	251,558	39	2	0	144.154 ***		7,510	7,510 ACTIVITIE	41,961	
	DRUG PURCHASES-OTHER	156,395		39	2				7,540	7,540 ACTIVITIE	2,934	
	LABORATORY SERVICES	4,782	165,362	39	3	0	0		7,590	7,590 ACTIVITIE	1,814	
	HOME HEALTH SALARY			39	1	0	0		7,620	7,620 PHYSICAL	88,760	
	HOME HEALTH SICK & VAC			39	1	0	0		7,660	7,660 P.T. SUPPL	167	
	HOME HEALTH EXPENSES			39	3	0	0		7,710	7,710 SOCIAL SI	34,164	
	ACTIVITIES WAGES	41,961	44,895	11	1	0	0		7,720	7,720 SOCIAL SI	874	
	ACTIVITIES SICK & VAC	2,934		11	1	0	0		7,730	7,730 SOCIAL SI	14	
	ACTIVITIES SUPPLIES	1,814	1,814	11	2	0	0		7,740	7,740 OCCUPATI	64,568	
	ACTIVITIES FEES	0	0	11	3	0	0		7,750			
	PT WAGES			39	1	0	0		7,770	7,770 SPEECH TI	7,252	
	PT SICK & VACATION			39	1	0	0		7,820	7,820 BEAUTICI	15,237	
	PT FEES	88,760		39	3	0	-15,359 ***		7,890			
	PT SUPPLIES	167		39	2	0	0		7,960	7,960 VOLUNTE	19	
	SOCIAL SERVICE WAGES	34,164	35,038	12	1	0	0		8,120	8,120 INTEREST	84,505	
	SOCIAL SERVICE SICK & VAC	874		12	1	0	0		8,125	8,125 ALLOCATI	19,014	
	SOCIAL SERVICE EXPENSES	14	14	12	2	0	0		8,130	8,130 DEPRECIA	186,381	
	OT FEE	64,568		39	3	0	-7,476 ***		8,150	8,150 LOAN FEE	5,534	
	SOCIAL THERAPIST FEE	0	0	12	3	0	0		9,510	9,510 INTEREST	-215	
	SPEECH THERAPY FEE	7,252		39	3	0	6,392 ***		9,520	9,700 EXTRAOR	50,000	
	BEAUTICIAN WAGES		0	40	1	0	0		9,530			
	BEAUTICIAN SICK & VAC			40	1	0	0					
	BEAUTICIAN FEES	15,237	15,237	40	3	0	0					
	BEAUTY SHOP SUPPLIES	0	0	40	2	0	0					
	VOLUNTEER COORDINATOR			21	1	0	0					
	VOL COORD SICK & VAC			21	1	0	0					
	VOL COORD SUPPLIES	19		21	2	0	0					
	RENT		0	34	3	0	0					
	INTEREST EXPENSE	103,519	109,053	32	3	14	-215					
	DEPRECIATION	186,381	186,381	30	3	9	-1,146					
	LOAN FEE AMORTIZATION	5,534		32	3	0	0	60,773				
	INTEREST INCOME	-215		32	0	10	0					
	MISC NON-OPERATING INCOM	0		0	0	0	0					
	INCOME TAXES	50,000		0	0	0	0					
		4,491,855	4,451,997									28,075
			-39,858									
TOTALS		28,075					-230.778					
		(NET INCOME)										
		0										

FACILITY NAME: